

Resource Order Form

[illegible]

ICS 260-2 (7/87) NFES 1471

Mobile Food & Shower Service Request Form

MOBILE FOOD & SHOWER SERVICE REQUEST FORM

Incident Name: _____

Financial Code: _____

Resource Order #: _____

Food Service Request E#: _____

Shower Unit Request E#: _____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal: _____ Time of first meal: _____

2. Estimated number for the first three meals:

1st meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner2nd meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner3rd meal: _____ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: _____ Time: _____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner2nd meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner3rd meal: _____ ☐ Hot Breakfast ☐ Sack Lunches ☐ Dinner

II. Location

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident _____ Estimated Personnel at Peak _____

Dispatch Contact: _____ Telephone Number: _____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested _____ Time Requested _____

Mobile Shower Unit type ordered: Large (12+ stalls) [____] Small (4-11 stalls) [____]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date: _____ Time: _____

National Interagency Coordination Center – 208-387-5400

Passenger and Cargo Manifest Form

STANDARD FORM 245 (6-77) Prescribed by USDA FSM 5716 USDA MP9400.51B		PASSENGER AND CARGO MANIFEST				NO. OF PASSENGERS ON THIS PAGE _____		PAGE ____ OF ____	
ORDERING UNIT			PROJECT NAME				PROJECT NO		
NAME OF CARRIER			MODE OF TRANSPORTATION & ID. NO.				PILOT OR DRIVER		
CHIEF OF PARTY			REPORT TO				IF DELAYED, CONTACT		
DEPARTURE PLACE		ETD	ETA	INTERMEDIATE STOPS PLACE		ETD	ETA	DESTINATION PLACE	
PASSENGER AND OR CARGO NAME			M	F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASGMT IF APPLICABLE		HOME UNIT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
SIGNATURE OF AUTHORIZED REPRESENTATIVE								DATE	

245-101

Aircraft Flight Request/Schedule Form

United States Department of the Interior Bureau of Land Management AIRCRAFT FLIGHT REQUEST/SCHEDULE										Change #: 6. Aircraft Info FAA N#:																													
1. Initial request information Initial Date/Time: To/From: Phone Number:				Cost-Accounting Management Code(s):				Billie Code (OAS A/C only):		Flight Schedule No. Make/Model:		Pax Seats																											
Check one: <u> </u> Point-to-Point <u> </u> Mission Flight Desired A/C Type: <u> </u> Helicopter <u> </u> Airplane										Color:		Vendor:		Phone No.:		Pilot(s):																							
Mission Objective/Special Needs:										LBS or CU ft		Project Order/Request No.		Dept Apt		Dest Apt		Return to																					
2. Passenger/Cargo Information – Indicate Chief of Party with an asterisk (*)										Name/Type of Cargo (last name, initial)		Name/Type of Cargo (last name, initial)		Project Order/Request No.		Dept Apt		Dest Apt		Return to																			
3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)										DEPART WITH No. Lbs PAX		DEPART FROM Airport/ Place		ETD ATD		Enroute ETE		Airport/ Place		ARRIVE AT ETA		ATA No. PAX		DROP OFF Lbs		Drop-Off Points, Refueling Stops, Flight Check-ins, Pickup Points		Key Points Info Relayed To/From											
4. Flight Following:										5. Method of Resource Tracking:										7. Administrative Type of Payment Document:										8. Review (if applicable)									
FAA IFR <u> </u> Satellite <u> </u> FAA VFR w/ check-in every <u> </u> Minutes to <u> </u> FAA or <u> </u> Agency <u> </u> Agency VFT with check-in via radio every <u> </u> Minutes Frequencies:										Phone <u> </u> Radio <u> </u> <u> </u> To Scheduling Dispatcher@ <u> </u> Prior to Takeoff <u> </u> Each Stop Enroute <u> </u> Arrival at Destination <u> </u> To: <u> </u> @ <u> </u> (Phone Number)										OAS-23 or <u> </u> OAS 2 <u> </u> FS 6500-122 Other: Route Document To:										Hazard Analysis Performed <u> </u> Dispatch/Aviation Mgr. Checklist <u> </u> Other:									
9. Close-out Closed by:										Date/Time:										/																			

Hazard Analysis and Dispatch/Aviation Manager Checklist

HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS (fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight:		
<input type="checkbox"/> Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.) <input type="checkbox"/> Areas of high-density air traffic (airports); Commercial or other aircraft <input type="checkbox"/> Wires/transmission lines; wires along rivers or streams or across canyons <input type="checkbox"/> Weather factors: wind, thunderstorms, etc.	<input type="checkbox"/> Towers and bridges <input type="checkbox"/> Other aerial obstructions: <input type="checkbox"/> Pilot flight time/duty day limitations and daylight/darkness factors SUNRISE: _____ SUNSET: _____ <input type="checkbox"/> Limited flight following communications	<input type="checkbox"/> High elevations, temperatures, and weights: MAX LANDING ELEV (MSL): _____ MIN. FLIGHT ALTITUDE AGL: _____ <input type="checkbox"/> Transport of hazardous materials <input type="checkbox"/> Other: _____
II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST		
<input type="checkbox"/> Pilot and aircraft carding checked with source list and vendor; carding meets requirements; <input type="checkbox"/> <u>OR</u> Necessary approvals have been obtained for use of uncarded cooperator, military, or other-government agency aircraft and pilots <input type="checkbox"/> Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled <input type="checkbox"/> Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse) <input type="checkbox"/> All DOI passengers have received required aircraft safety training; <input type="checkbox"/> <u>OR</u> Aviation manager will present detailed safety briefing prior to departure; <input type="checkbox"/> Bureau Aircraft Chief-of-Party will be furnished with a Chief-of-Party/Pilot checklist and is aware of its use	<input type="checkbox"/> Means of flight following and resource tracking requirements have been identified <input type="checkbox"/> Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained <input type="checkbox"/> Flight hazard maps have been supplied to Chief-of-Party for nonfire low-level missions <input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken <input type="checkbox"/> Chief-of-Party is aware of PPE requirements. <input type="checkbox"/> Cost analysis has been completed and is attached <input type="checkbox"/> Other/Remarks:	
III. APPROVALS		
Note: Reference Handbook 9420 for approval(s) required. A. MISSION FLIGHT: HAZARD ANALYSIS PERFORMED BY: _____ <div style="text-align: center; font-size: small;">Chief-of-Party Signature</div> B. MISSION FLIGHT: HAZARD ANALYSIS REVIEWED BY: _____ <div style="text-align: center; font-size: small;">Dispatcher Or Aviation Manager Signature Required</div> C. IF NON-FIRE, ONE-TIME (NON-RECURRING), SPECIAL-USE MISSION, SIGNATURE OF LINE MANAGER IS REQUIRED **. _____ <div style="text-align: right; font-size: small;">DATE: _____</div> D. THIS FLIGHT IS APPROVED BY (Authorized Signature): _____ <div style="text-align: right; font-size: small;">DATE: _____</div> <div style="text-align: right; font-size: x-small;"> ** For recurring Special-Use Missions, signature is required on Special-Use Air Safety Plan, and not required here. </div>		

Infrared Aircraft Scanner Request Form

INFRARED AIRCRAFT SCANNER REQUEST

Incident# & Project#:

BLM#:

A#

Incident Name:			Date/Time:		
Ordering Unit:			Telephone #:		
Local Dispatch:			Telephone #:		
GACC:			Telephone #:		
National IR Coord:			Telephone #:	(208) 387-5381	
			FAX #		
			Cell #	(208) 859-4475	
Regional IR Coord:			Telephone #:	()	
			FAX #:	()	
			Cell #	()	
IR Interpreter Ordered:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone #	()	
IR Interpreter Assigned:			Cell #	()	
Location: Motel			Motel #	()	
Office or ICP			FAX #	()	
SITL Name and Location:			Telephone #:	()	
Incident Elevation (AVG):			Feet MSL	Approximate Size: Acres	
Weather Over The Incident:					
Delivery Point:				Alt. Delivery Pt:	
Delivery type:	<input type="checkbox"/> Land Aircraft	<input type="checkbox"/> Air Drop	<input type="checkbox"/> Scanned file (give email address or ftp site in box below)		
Delivery time:					
Delivery point weather:					

Radio Frequencies

Local admin. Unit	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Alternative Freq	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Air Tactical Group Supervisor	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:

Incident Location from 2 VORs:

(Degrees)

(nautical miles)

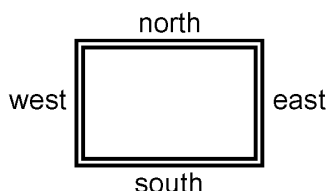
VOR:		Azimuth:		Distance:	
VOR:		Azimuth:		Distance:	

Mission Objective and Description:

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

Mapping Block

NORTH		
SOUTH		
EAST		
WEST		



FAA Temporary Tower Request Form**TEMPORARY TOWER REQUEST FORM**

(Note – this form should be used in conjunction with the checklist located in Chapter 11 of the *Interagency Airspace Coordination Guide* (www.fs.fed.us/r6/fire/aviation/airspace). Please attach this form to the Resource Order and forward both forms to the appropriate FAA Regional Operations Center (ROC) through established ordering channels.

I. GENERAL INFORMATION

Incident Name _____ Management/Fiscal Code _____
 Resource Order Number _____ Request Number _____ Date _____

II. POINTS OF CONTACT

	<u>Name / Agency</u>	<u>Telephone</u>
Ordering Unit:	_____	_____
Air Ops / Air Support:	_____	_____
Local or Expanded Dispatch:	_____	_____
Geographic Area Coordination Center:	_____	_____
National Interagency Coordination Center:	_____	_____
FAA POC at ROC:	_____	_____
Airport Owner / Operator:	_____	_____

Has the Airport Owner been notified? YES ☐ NO ☐

Requested Operational Hours: _____

Estimated Duration: _____

III. SUPPORT INFORMATION

Closest City / Town: _____ State: _____

Proposed Location of Temporary Tower (select one or explain):

- ☐ Airport (name and FAA Code) _____
☐ Helibase (physical/legal location) _____
☐ Incident Command Post (physical/legal location) _____
☐ Other _____

Is there a facility available on site for use as a “temporary tower”?

- ☐ FBO Site/Room rental, etc _____
☐ Rental Trailer _____
☐ Facility to be constructed on site _____
☐ Other _____

Expected overnight accommodations: ☐ Fire Camp ☐ Motel/Hotel ☐ Other _____

Vehicle Availability: ☐ GOV ☐ Rental ☐ Other (explain) _____

Attach detailed driving directions to reporting site (note road closures, hazardous conditions, easiest route of travel and provide detailed map) _____

IV. EQUIPMENT SURVEY – Refer to Chapter 11 Checklist in *Interagency Airspace Coordination Guide*.

Has equipment inventory been completed? ☐ Yes ☐ No

Equipment (radios, etc) locally available for use by assigned Tower Personnel: _____

Equipment to be ordered: _____

Preparedness/Detail Request Form**PREPAREDNESS/DETAIL REQUEST**

ATTACHMENT TO RESOURCE ORDER NUMBER: _____
REQUEST NUMBER /S/: _____

1. POSITION(S): _____ NUMBER OF PERSONS REQUESTED: _____
2. MINIMUM "RED CARD" RATING: _____
3. EMPLOYMENT STATUS : ☐ REGULAR FEDERAL AGENCY ☐ A.D. OTHER: _____
4. AGENCY UNIFORM: ☐ YES ☐ NO FIRE RESISTANT CLOTHING: ☐ YES ☐ NO
5. DRIVERS LICENSE NEEDED: ☐ YES ☐ NO ENDORSEMENT: _____
6. GOVERNMENT VEHICLE: ☐ YES ☐ NO TYPE: _____
7. PRIVATE VEHICLES AUTHORIZED: ☐ YES ☐ NO NUMBER: _____
8. RADIOS NEEDED: ☐ YES ☐ NO TYPE: _____ NUMBER: _____
9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: _____
TELEPHONE: _____
10. LENGTH OF DETAIL: _____ THROUGH: _____
11. ESTABLISHED WORKWEEK: _____
HOURS OF DUTY: _____
OVERTIME AUTHORIZED: ☐ YES ☐ NO.
AUTHORIZATION NUMBER: _____
12. PERSONNEL MAY BE ROTATED: ☐ YES ☐ NO HOW OFTEN: _____
ROTATION PAID BY: _____
13. BASE SALARY PAID BY: _____
TRAVEL PAID BY: _____ PER DIEM PAID BY: _____
14. EQUIPMENT USE MILEAGE PAID BY: _____
15. REQUESTING UNIT'S ELECTRONIC ADDRESS: _____
16. REQUESTING UNIT'S ESTIMATED TOTAL COST: _____
17. REQUESTING UNIT'S PERSONNEL OFFICER: _____
TELEPHONE: _____
18. REQUESTING UNIT'S FINANCE OFFICER: _____
TELEPHONE: _____
19. TEMPORARY DUTY STATION: _____
ADDRESS / PO BOX: _____
TELEPHONE: _____
20. GOVERNMENT LODGING: ☐ YES ☐ NO MESS HALL: ☐ YES ☐ NO.
GOVERNMENT COOKING FACILITIES ONLY: ☐ YES ☐ NO
COMMERCIAL LODGING: ☐ YES ☐ NO. RATE: _____ MEALS: ☐ YES ☐ NO.
21. NEAREST COMMERCIAL AIRLINE CITY: _____
22. REMARKS: _____

7/22/2004

Incident Status Summary (ICS-209) Form**INCIDENT STATUS SUMMARY (ICS 209)**

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization:		5. Incident Management Organization: *6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"):	8. Percent (%) Contained _____ Completed _____	*9. Incident Definition:	10. Incident Complexity Level: *11. For Time Period: From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*13. Date/Time Submitted: Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of ____		* Required when applicable.		

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:			
Additional Incident Decision Support Information					
*31. Public Status Summary: <i>C. Indicate Number of Civilians (Public) Below:</i> D. Fatalities E. With Injuries/Illness F. Trapped/In Need of Rescue G. Missing <i>(note if estimated)</i> H. Evacuated <i>(note if estimated)</i> I. Sheltering in Place <i>(note if estimated)</i> J. In Temporary Shelters <i>(note if est.)</i> K. Have Received Mass Immunizations L. Require Immunizations <i>(note if est.)</i> M. In Quarantine <i>N. Total # Civilians (Public) Affected:</i>	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary: <i>C. Indicate Number of Responders Below:</i> D. Fatalities E. With Injuries/Illness F. Trapped/In Need of Rescue G. Missing H. Sheltering in Place I. Have Received Immunizations J. Require Immunizations K. In Quarantine <i>N. Total # Responders Affected:</i>	A. # This Reporting Period	B. Total # to Date
33. Life, Safety, and Health Status/Threat Remarks: 		*34. Life, Safety, and Health Threat Management: A. Check if Active A. No Likely Threat <input type="checkbox"/> B. Potential Future Threat <input type="checkbox"/> C. Mass Notifications in Progress <input type="checkbox"/> D. Mass Notifications Completed <input type="checkbox"/> E. No Evacuation(s) Imminent <input type="checkbox"/> F. Planning for Evacuation <input type="checkbox"/> G. Planning for Shelter-in-Place <input type="checkbox"/> H. Evacuation(s) in Progress <input type="checkbox"/> I. Shelter-in-Place in Progress <input type="checkbox"/> J. Repopulation in Progress <input type="checkbox"/> K. Mass Immunization in Progress <input type="checkbox"/> L. Mass Immunization Complete <input type="checkbox"/> M. Quarantine in Progress <input type="checkbox"/> N. Area Restriction in Effect <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern): 					
36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes: 12 hours: 24 hours: 48 hours: 72 hours: Anticipated after 72 hours:					
37. Strategic Objectives (define planned end-state for incident): 					
ICS 209, Page 2 of ____		* Required when applicable.			

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
<i>Additional Incident Decision Support Information (continued)</i>	
38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.	
12 hours: 24 hours: 48 hours: 72 hours: Anticipated after 72 hours:	
39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:	
12 hours: 24 hours: 48 hours: 72 hours: Anticipated after 72 hours:	
40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to: <ol style="list-style-type: none"> 1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results. <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
41. Planned Actions for Next Operational Period:	
42. Projected Final Incident Size/Area (use unit label – e.g., "sq mi"):	
43. Anticipated Incident Management Completion Date:	
44. Projected Significant Resource Demobilization Start Date:	
45. Estimated Incident Costs to Date:	
46. Projected Final Incident Cost Estimate:	
47. Remarks (or continuation of any blocks above – list block number in notation):	
ICS 209, Page 3 of ____	* Required when applicable.

INCIDENT STATUS SUMMARY (ICS 209)

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Monthly Wildland Fire Weather/Fire Danger Outlook Form

Monthly Wildland Fire Weather/Fire Danger Outlook Form

MONTHLY WILDLAND FIRE WEATHER/FIRE DANGER OUTLOOK

1. Reporting Unit: _____

2. Date: _____

3. Potential for Serious/Critical Fire Problems:

This Coming Month	Below Normal	Normal	Above Normal
This Season	Below Normal	Normal	Above Normal

Comments: _____

4. Fire Weather Outlook: (Addresses the following factors)

Drought Conditions: _____

Precipitation Anomalies and Outlook: _____

Temperature Anomalies and Outlook: _____

5. Fuels:

Fine – Grass Stage	Green	Cured	
New Growth	Sparse	Normal	Above Normal

Live Fuel Moisture (sage, deciduous, conifer): _____

1000 Hour Dead Fuel Moisture: _____

Normal/Average Fuel Moisture for this Time of Year: _____

6. Average Fire Occurrence/Acres Burned (to date, 5 year average):

7. Actual Occurrence/Acres Burned (to date, this year): _____

8 Written Summary (The text from this summary will be used in the National Wildland Fire Outlook). (Attach to this form.)

9. Fire Outlook Map (Attach to this form.)

A Geographic Area outline map showing Areas of below normal, normal, and above normal fire potential shall be submitted, along with the Monthly Fire Weather/Fire Danger Outlook Report. The map template can be found at:

http://www.nifc.gov/news/intell_predserv_forms/national_map.html

Wildland Fire Entrapment/Fatality Initial Report Form

Page 1 of 2



Wildland Fire Fatality and Entrapment INITIAL REPORT

Complete this report for fire-related entrapment and/or fatalities. Timely reporting of wildland-related entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies, or procedures. Immediately notify the National Interagency Coordination Center (NICC). Submit this written report within 24 hours—even if some data are missing—to the address given below.

NICC—National Interagency Fire Center
3833 South Development Ave.

Phone: 208-387-5400
Fax: 208-387-5414

NICC Intelligence Section
E-mail: nicc_intell@nifc.blm.gov

Submitted by: _____

Position: _____

Agency: _____

Location: _____

Phone: _____

E-mail: _____

1. General Information

- Date of event _____ Time _____
- Fire name, location, agency, etc. _____
- Number of personnel involved _____
- Number of: Injuries _____ Fatalities _____

2. Fatalities

- Type of accident:
 - ☐ Aircraft
 - ☐ Natural (lightning, drowning, etc.)
 - ☐ Medical (heart, stroke, heat, etc.)
 - ☐ Struck by falling object
 - ☐ Vehicle
 - ☐ Smoke
 - ☐ Entrapment
 - ☐ Other
- Where fatality/entrapment occurred:
 - ☐ Fire site
 - ☐ Incident base
 - ☐ In transit
 - ☐ Other
- Employing agency _____
- Unit name _____
- Address _____
- For further information, contact _____
- Home unit address _____
- Phone _____

Note: In the event of fatality(s), do not release name(s) until next of kin are notified.

3. Fire-Related Information

- Fuel model _____
- Temperature _____ RH _____ Wind _____ mph
- Topography _____
_____ Slope _____ %
- Fire size at the time of the incident/accident _____ acres
- Incident management type at the time of the incident/accident:
(circle one) 1 2 3 4 5
- Urban/wildland intermix? ☐ Yes ☐ No
- Cause of fire: ☐ Natural ☐ Incendiary ☐ Accidental
☐ Unknown

4. Entrapment Information

A situation where personnel are unexpectedly caught in a fire-behavior-related, life-threatening position where escape routes or safety zones are absent, inadequate, or have been compromised. An entrapment may or may not include deployment of a fire shelter. Note: Engine and dozer burnovers also constitute entrapments.

- Brief description of the accident _____

Entrapment Description

- Person trapped ☐ With fire shelter ☐ Without fire shelter
- Burns/smoke injuries incurred while
in fire shelter ☐ Yes ☐ No
- Burns/smoke injuries incurred while
escaping entrapment ☐ Yes ☐ No
- Burns/smoke injuries incurred while
fighting fire ☐ Yes ☐ No
- Fire shelter performed satisfactorily ☐ Yes ☐ No

- Fire shelter was available, but not used ☐ Yes ☐ No

Personal Protective Equipment Used

- Fire shelter ☐ Yes ☐ No Gloves ☐ Yes ☐ No
- Protective pants ☐ Yes ☐ No Boots ☐ Yes ☐ No
- Protective shirt ☐ Yes ☐ No Goggles ... ☐ Yes ☐ No
- Face/neck protection ☐ Yes ☐ No Hardhat ... ☐ Yes ☐ No

Documentation of Length of Assignment Extension Requirements Form**Resource Extension Request Form****RESOURCE and INCIDENT INFORMATION:**

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

Home Unit Supervisor: _____ email: _____ fax # _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:Justification (Select from the list below):

- ☐ Life and property are imminently threatened,
- ☐ Suppression objectives are close to being met, or
- ☐ Replacement resources are unavailable or have not yet arrived.

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

APPROVED BY* :

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC (excluding single-resource Overhead): _____

6) NICC (only if National Resource): _____

*Signatures should be gathered in the order they are numbered above

January 2013

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